

**DECLARATION AND POWER OF ATTORNEY**  
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**NOVEL FIBROBLAST GROWTH FACTOR (FGF23) AND METHODS FOR USE**  
the specification of which is attached hereto and/or was filed on July 10, 2001 as Application No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**FOREIGN PRIORITY APPLICATION(S)**

<hr/>	<hr/>	<b>Priority Claimed</b>
(Number)	(Country)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		
(Number)	(Country)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

**PROVISIONAL PRIORITY PATENT APPLICATION(S)**

<u>60/219,137</u>	<u>July 19, 2000</u>	<b><u>Priority Claimed</u></b>
(Application No.)	(Filing Date)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

_____	_____	<b><u>Priority Claimed</u></b>
(Application No.)	(Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No

And I hereby appoint the registered attorneys and agents associated with **MORGAN, LEWIS & BOCKIUS, L.L.P., Customer No. 028977**, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to **Customer No. 028977, namely, MORGAN, LEWIS & BCKIUS, L.L.P.**, 1701 Market Street, Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to Kathryn Doyle, Ph.D., J.D. at (215) 963-4723.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole  
inventor, if any **Michael Econs**

Inventor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Residence **Indianapolis, IN**

Citizenship **United States**

Post Office Address **8116 Hunters Place, Indianapolis, IN 46236**

Full name of second joint

inventor, if any **Ken White**

Inventor's Signature

Date

Residence **Carmel, IN**

Citizenship **United States**

Post Office Address **13769 Langley Drive, Carmel, IN 46032**

Full name of third joint

inventor, if any **Tim Matthias Strom**

Inventor's Signature

Date

Residence **Munchen, Germany**

Citizenship **German**

Post Office Address **Adelheidstr. 23, 80798 Munchen Germany**

Full name of third joint

inventor, if any **Thomas Meitinger**

Inventor's Signature

Date

Residence **Munchen, Germany**

Citizenship **German**

Post Office Address **Weißenburger Platz 6c, 81667 Munchen Germany**